I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 831 966 815 US, in an equelope addressed to: MS Missing Parts, Commissioner for Patents, P.D. Box 1450, Alexandria, VA 22313-1450, on the date shown below

sted: September 30, 2004 Signature:

Docket No.: PAZ-222CN

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Patent Application of: Mark L. Nelson et al.

Application No.: 10/786881

Art Unit: 1614

Filed: February 24, 2004

Examiner: Not Yet Assigned

For: 9-AMINOMETHYL SUBSTITUTED MINOCYCLINE COMPOUNDS

## **PRELIMINARY AMENDMENT**

MS Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Prior to examination on the merits, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 9 of this paper.

30	N. S. P.						
AMES MENT TRANSMITTAL LETTER					Docket No. PAZ-222CN		
Application No.		Filing Date		Examiner		Art Unit	
10/786881-Conf. #1902 February 24			24, 2004	Not Yet Assign	ned	1614	
Applicant(s): Mar	k L. NELSON (	et al.					
nvention: 9-AMIN	IOMETHYL SL	JBSTITUTED	MINOCYCLIN	IE COMPOUNDS			
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Transmitted here							
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The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED Claims Highest							
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	90	- 20 =	70	x 18.00	1,260	.00	
Independent Claims	3	- 3 =		×	O	0.00	
Multiple Depend	lent Claims (ch	eck if applicabl	e)				
Extension for response within third month; Other fee (please specify): Surcharge-Late filing fee Basic Filing Fee					1,850.00		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					3,110	.00	
x Large Entity				Small Entity			
No additiona	ıl fee is require	d for this amer	ndment.		•		
X Please charge Deposit Account No. 12-0080 in the amount of \$ 3,128.00 . A duplicate copy of this sheet is enclosed.							
A check in the amount of \$ to cover the filing fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
The Director is hereby authorized to charge and credit Deposit Account No12-0080							
as described below. A duplicate copy of this sheet is enclosed.							
x Credit ar	ny overpaymer	nt.					
x Cflarge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.							
The think my							
Cynthia M. Soroos					eptember 30, 2	2004	
LAHIVE & COCKFIELD, LLP 28 State Street							
Boston, Massachusetts 02109 (617) 227-7400							
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Dated: September 30, 2004